

WELLFLEET ECONOMIC DEVELOPMENT FUND APPLICATION

Project/Activity Name: _____

Proposed Date(s): _____

Name of Applying individual/group/organization: _____

Collaborating Organizations: _____

Specify which if any are non-profits: _____

Mailing address: _____

Contact person: _____ Phone: _____ E-mail: _____

Please attach the following information:

- 1) Description of the project or activity; whether it is new or a continuation of a prior project or activity; length; number of businesses/groups involved. Be as specific as possible.
- 2) How this project or activity will benefit Wellfleet and/or Wellfleet businesses? How will this increase year-round business in Wellfleet? Again be as specific as possible.
- 3) Specify metrics that you will use to demonstrate that this project or activity succeeds in accomplishing its desired goals. These metrics must be objectively measureable.
- 4) Specify purposes for which you are seeking assistance (\$2500 maximum –see attached guidelines for costs which are allowable). Indicate how the sponsoring organization(s) will match any subsidy you receive.
- 5) Include a budget of income and expenses for the project or activity.
- 6) Include a plan for reporting on the project or activity's degree of success that you will need to make within 30 days after its completion.

PLEASE LIMIT ALL OF THE ABOVE TO 3 OR FEWER PAGES.

RETURN COMPLETED APPLICATION TO WELLFLEET TOWN HALL at 300 Main Street, Wellfleet, MA 02667.

APPLICATIONS WILL BE REVIEWED MONTHLY AS LONG AS FUNDS REMAIN;
DEADLINE FOR MONTHLY REVIEW IS THE FIRST OF THE MONTH BEGINNING
AUGUST 1, 2013.